

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-019)**

SERIAL NO.
644464
APPLICANT(S)

FILING DATE
8-23-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
1	1					
2						
3						
4						
6						
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1					
16						
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48						
49						
50						
TOTAL W/O.	3					

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
61						
62						
63						
64						
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100						
TOTAL W/O.						
TOTAL DEF.						